MULT DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/45.01936 APPLICANT(S)

FILING DATE

				\			CLAIM	IS			· ·	•*			
	AS	AS FILED		AFTER 1 AMENDMENT		· AFTER			AS FILED		AFTER		AFTED		
	IND	IND. DEP.		IND. DEP.		IND. DEP.						.1"AMENDMENT		AFTER 2 MANENDMENT	
2						DEX.		51	IND.	DEP:	IND.	DEP.	IND.	DEP.	
3								. 52							
4								53		1					
5	1							54 55		1					
6	-							56		7					
8				·				57					· ·		
9	1			·				58 59	· · · ·						
10						·		60	·						
12							·	61		. /					
13						•		62							
14		+						63 64 -		-					
15 16	1							65		-					
17							ŀ	66							
18								67 68							
19 20						·	1	69							
21					<del></del>			70						•	
22							·	71 72							
23								73							
25							1	74						, A.	
26								75 76				·			
27							F	77	-						
28 < 29								78					·		
30							-	79 . 80							
31		>				·		81							
32								82							
34		P					-	83							
35								84 85							
36							E	86		7					
38		>		<del></del>				87					•		
39		>					-	88							
40							1	90							
41	7							91							
43		1						92							
44		,/					t	94							
45 46		1						95							
47		7					-	96							
48		1					:  -	9 <u>7</u> 98							
<u>49</u> 50	-	1			· .			99							
TOTAL IND.	2	1		B	`		-	100					·		
TOTAL DEP	27	4		<u> </u>			}-	TALIND.	<u> </u>	4			·	每	
TOTAL	2			6500 (SE		TO COMPANY	_	TAL DEP.				E .	•		
CLAIMS	X2							TOTAL CLAIMS							
PTO 1160	,								U.S	. DEPARTM			<del></del>		